



|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>146712014500 |           |
| <b>Application Number</b> 10/676,672  |            | <b>Filed</b> September 30, 2003                 |           |
| <b>For</b> FLUID DYNAMIC BEARING CONFIGURED WITH AN ORBITAL RING FOR HIGHER EFFICIENCY  |            |   |           |
| <b>Art Unit</b> 3682  |            | <b>Examiner</b> L. Footland                     |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,375</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |           |
| _____<br>Signature  |            | _____<br>Date                                   |           |
| _____<br>Christopher B. Eide<br>Typed or printed name   |            | _____<br>(650) 813-5720<br>Telephone Number     |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |           |

Client Ref. No.: STL-3263

09/02/2005 EFLORES 00000021 031952 10676672

01 FC:1251 120.00 DA



PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|  |          |                          |                     |              |
|--|----------|--------------------------|---------------------|--------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>                                   |          | <b>Complete if Known</b> |                     |              |
|  |          | Application Number       | 10/676,672          |              |
|  |          | Filing Date              | September 30, 2003  |              |
|  |          | First Named Inventor     | Anthony J. AIELLO   |              |
|  |          | Examiner Name            | L. Footland         |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 3682                     |                     |              |
| TOTAL AMOUNT OF PAYMENT  | (\$)     | 120.00                   | Attorney Docket No. | 146712014500 |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify):   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: 03-1952   |
|   | Deposit Account Name: Morrison & Foerster LLP                                     |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                      |                                  |                      |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                      |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                    | <b>Small Entity</b> |   | <b>Small Entity</b>  |                                  | <b>Small Entity</b>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                 | 500   | 250                  | 200                              | 100                  | 0.00                  |
| Design  | 200                | 100                 | 100   | 50                   | 130                              | 65                   | 0.00                  |
| Plant   | 200                | 100                 | 300   | 150                  | 160                              | 80                   | 0.00                  |
| Reissue   | 300                | 150                 | 500   | 250                  | 600                              | 300                  | 0.00                  |
| Provisional   | 200                | 100                 | 0   | 0                    | 0                                | 0                    | 0.00                  |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                      |                       |
|   |                    |                     |   |                      |                                  |                      | <b>Small Entity</b>   |
| <b>Fee Description</b>  |                    |                     |   |                      |                                  |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  |                      | 50                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  |                      | 200                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  |                      | 360                   |
|   |                    |                     |   |                      |                                  |                      | 180                   |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                       |
| 20  |                    | - 20 = 0            | x 50.00   | = 0.00               | <b>Fee (\$)</b>                  |                      | <b>Fee Paid (\$)</b>  |
|   |                    |                     |   |                      | 360.00                           |                      | 0.00                  |
| <b>Indep. Claims</b>  |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                      |                       |
| 6   |                    | - 6 = 0             | x 200.00  | = 0.00               |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                      |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
|   |                    | - 100 =             | /50 (round up to a whole number) x                      |                      | 250.00                           | = 0.00               |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                      |                       |
|   |                    |                     |   |                      |                                  |                      | <b>Fees Paid (\$)</b> |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                      | 0.00                  |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                    |                     |   |                      |                                  |                      | 120.00                |

|                     |                     |                                   |                 |
|---------------------|---------------------|-----------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                     |                                   |                 |
| Signature           |                     | Registration No. (Attorney/Agent) | 48,375          |
| Name (Print/Type)   | Christopher B. Eide | Telephone                         | (650) 813-5720  |
|                     |                     | Date                              | August 29, 2005 |

Client Ref. No.: STL-3263